



**BENEFIT PLAN AND QUALIFICATIONS
INDEPENDENT AGENT AND MANAGER GROUP HEALTH INSURANCE**

Effective March 1, 2021

Independent agents and managers are eligible for coverage the first of the month following any production period of at least one (1) but not more than three (3) consecutive months (counted from the month the first application is submitted), subject to the following production requirements:

An Independent Agent or Manager must write at least \$150,000 in annualized premium to qualify for coverage. A portion of the premium cost will be paid by the Plan Sponsor, Senior Life Insurance Company, and a portion will be paid by the Agent/Manager according to the schedule below. You must meet the following requirements:

Three (3) Month's Annualized Production	Independent Agent / Agency Monthly Premiums	
	Individual Coverage	Family Coverage
\$150,000	\$450	\$755
\$200,000	\$350	\$640
\$250,000	\$300	\$575
\$300,000	\$200	\$450

Meeting minimum production requirements and enrolling:

- » Production will be reviewed every three (3) months/quarterly to determine continued eligibility and level of premium. Senior Life Insurance Company will continue to cover a portion of the premium cost. The IRS requires you be provided with a 1099 for any premium payments made on your behalf.

Not meeting production requirements:

If you do not qualify during a given quarter, you will have three (3) months to re-qualify during which time you will be required to pay in advance, by credit card, the full non-subsidized cost of \$1,907.07/month in order for your coverage to continue. If you do not meet the minimum production level by the end of the allotted three (3) months, your coverage will be terminated on the first of the month once production has been verified. You will not be eligible to enroll again until March 1 of the following year and production requirements are met.

In the event either party elects to terminate Agent Agreement, coverage will be terminated effective the date the letter of termination is released. You will then have continuation rights for up to 18 months under the COBRA legislation.

By signing below, I acknowledge the above Group Health Insurance Qualifications. Please return signed form to: **hgmckelder@srlife.net**

Printed Name of Agent

Date

Signature of Agent

For additional information, contact the Benefits Administrator at 1.877.777.8808 ext 1135.